



A Report
to the
Board of
Supervisors

*Maricopa County
Internal Audit
Department*

Ross L. Tate
County Auditor

Countywide Audit

Performance Measure Certification

*Audit of Selected Performance
Measures and Accompanying
Procedures*

September ■ 2007

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The **County Auditor** is appointed by the Board of Supervisors. The mission of the Internal Audit Department is to provide objective, accurate, and meaningful information about County operations so the Board of Supervisors can make informed decisions to better serve County citizens.

***The mission of Maricopa County is to provide
regional leadership and fiscally responsible,
necessary public services so that residents can
enjoy living in a healthy and safe community.***

Audit Team Members

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Many of our reports can be found in electronic format at:
www.maricopa.gov/internal_audit



Maricopa County

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September 19, 2007

Fulton Brock, Chairman, Board of Supervisors
Don Stapley, Supervisor, District II
Andrew Kunasek, Supervisor, District III
Max W. Wilson, Supervisor, District IV
Mary Rose Wilcox, Supervisor, District V

We have completed our Fiscal Year 2007 Performance Measure Certification. The audit was performed in accordance with the annual audit plan approved by the Board of Supervisors. Internal Audit certifies the accuracy of performance measures to fulfill our role in the County's Managing for Results program. We have summarized our review of several County agencies in the attached report.

Highlights of the report include the following:

- 21 of the 26 measures reviewed were certified
- Fiscal Year 2007 results were more favorable than the previous year; 81% of the measures reviewed were certified

If you have any questions, or wish to discuss the information presented in this report, please contact Richard Chard at 506-7539.

Sincerely,

A handwritten signature in cursive script that reads "Ross L. Tate".

Ross L. Tate
County Auditor

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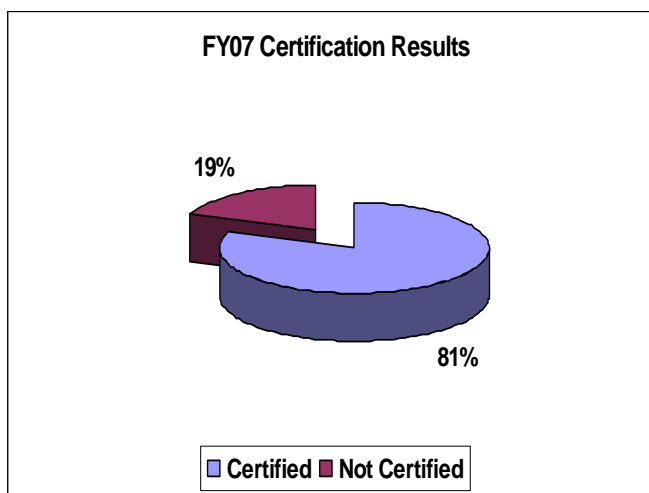
Executive Summary

Fiscal Year 2007 Certification Results

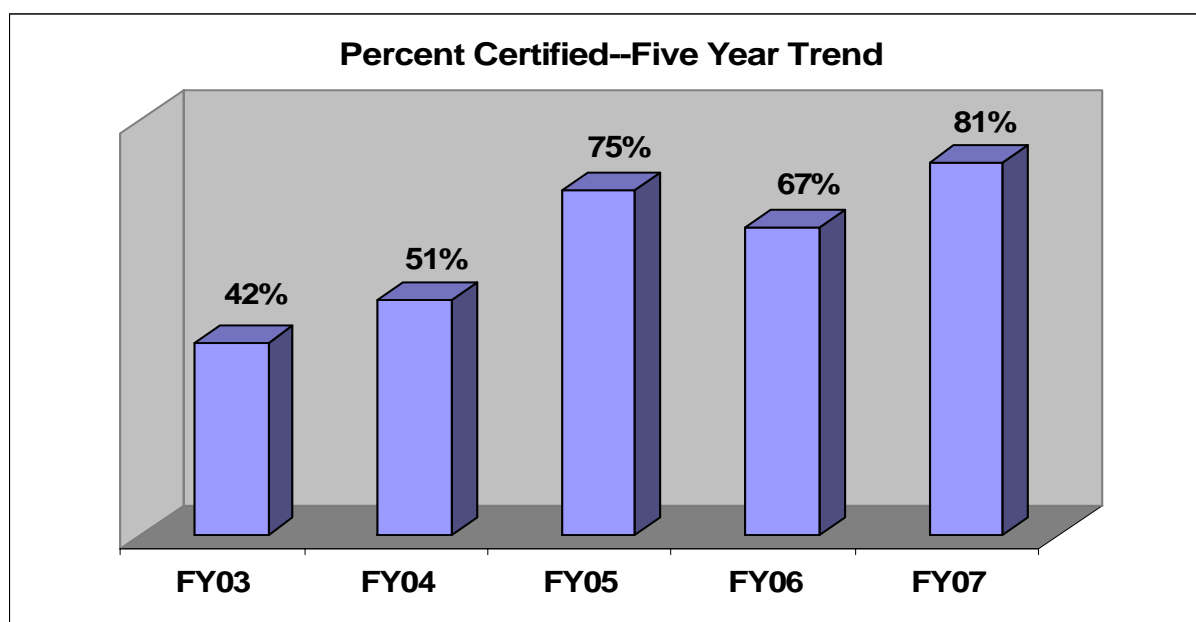
We reviewed 26 Managing for Results (MfR) performance measures from five County agencies: Sheriff's Office, Environmental Services, Emergency Management, Public Health, and Parks and Recreation. The results were 81% certified and 19% not certified.

- Certified - 13
- Certified with Qualifications - 8
- Not Certified - 5

The accuracy of reported measures varies. In some areas, all of the performance measures tested were certified as accurate, in others, results were mixed. The percentage of certified measures improved over prior-year reviews, indicating that agencies may be more comfortable with the process of tracking key measures.



However, some confusion remains regarding the differences between results, outcomes, and outputs. The main reason that some measures could not be certified was the lack of supporting data.



Introduction

Certification Program

In Fiscal Year (FY) 2001, the Maricopa County Board of Supervisors adopted a performance measurement initiative called Managing for Results (MfR). The County realized that for citizens to have confidence in this program the County needed to verify performance data accuracy. The Performance Measure Certification (PMC) program was adopted to validate performance measures for County management, the Board of Supervisors, and the general public. Under the PMC program, the Internal Audit Department reviews MfR results, assigns certification ratings, and reports conclusions. Our certification program enables County leaders to rely upon reported performance measures and make informed decisions concerning government resources.



The current (FY 2007) Strategic Plan listed on the County's web site (www.maricopa.gov) shows 223 programs within 50 organizations. These agencies indicate the degree of their programs' success by reporting results through key measures. This level of detail represents the County's desire to demonstrate accountability to citizens and to manage County business in an efficient and effective manner.

Maricopa County Internal Audit's PMC program has earned recognition and awards from:

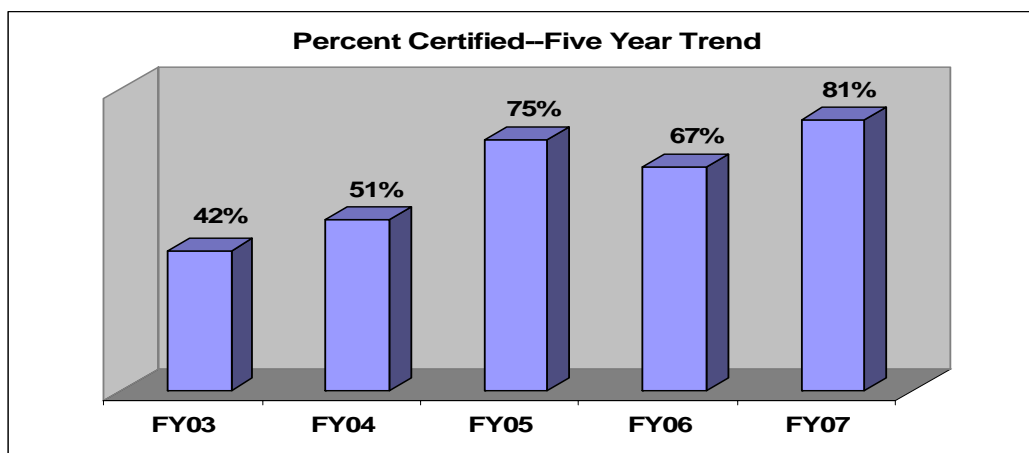
- Government Finance Officers Association (GFOA)
- National Association of Counties (NACo)
- Association of Local Government Auditors (ALGA)

Our certification program has been referred to as the "gold standard" of performance measurement auditing by Governmental Accounting Standards Board officials.

Certification Results and Trends

This is our sixth year of publishing MFR performance measure certification results. The following table and chart show certification results trends.

Fiscal Years	Number of Agencies Reviewed	Certified	Certified With Qualification	Not Certified	Total
FY02	7	7	19	8	34
FY03	10	17	5	31	53
FY04	11	20	1	20	41
FY05	7	26	4	10	40
FY06	7	27	1	14	42
FY07	5	13	8	5	26
TOTAL	47	110	38	88	236



“Not Certified” Rating

In some cases, we were not able to certify performance measures, and therefore issued a rating of “Not Certified.” There were five of these ratings in FY 2007. “Not Certified” ratings are given for the following reasons, in order of importance:

- Inaccuracy – True performance varies more than ± 5 percent from reported performance
- Factors Prevented Certification – Incomplete data or deviation from definition
- Other – Various reasons, such as failure to report (accurate) data on County website

For each organization, we judgmentally selected key measures to review. We tested the accuracy of the measures, determined the reliability of the procedures used to collect data, and reported the results using one of three certification ratings shown on the following page.

Certification Definitions

Certified

Reported performance measurement is accurate (± 5 percent)

And,

Adequate procedures are in place for collecting and reporting performance data.

Certified with Qualifications

Reported performance measurement is accurate (± 5 percent)

But,

Adequate procedures are not in place for collecting and reporting performance data.

Not Certified

1. Actual performance is not within five percent of reported performance and/or the error rate of tested documents is greater than five percent

Or,

2. Actual performance measurement data could not be verified due to inadequate procedures or insufficient documentation. This rating is used when there is a deviation from the agency's definition, preventing the auditor from accurately determining the performance measure result

Or,

3. Actual performance measurement data was accurately calculated but not consistently posted to the public database.

Auditing Standards

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Summary Table—FY 2007 Certification Results

AGENCY	Certified	Certified With Qualifications	Not Certified	TOTAL
Sheriff's Office	3	0	3	6
Environmental Services	2	4	0	6
Emergency Management	4	0	0	4
Public Health	2	4	2	8
Parks and Recreation	2	0	0	2
TOTAL	13	8	5	26

Agency Report Cards

Sheriff's Office

Performance Measures Summary Table	Certified	Certified With Qualifications	Not Certified
1. Percent of recruits successfully completing the sworn basic training academy	✓		
2. Percent of detention recruits who graduate from the detention training academy	✓		
3. Percent of applicants hired			✓
4. Percent of staffing costs in food service and laundry saved by using inmate labor			✓
5. Percent of investigation cases cleared			✓
6. Percent of enforcement activities that are enhanced through the use of volunteer services	✓		

Environmental Services

Performance Measures Summary Table	Certified	Certified With Qualifications	Not Certified
1. Percent of required applications processed		✓	
2. Percent of finalized enforcement actions completed within 7 days		✓	

Performance Measures Summary Table	Certified	Certified With Qualifications	Not Certified
3. Average score of food inspections		✓	
4. Percent of food establishments inspected with critical violations		✓	
5. Percent change of vector borne incidences from previous year	✓		
6. Percent of engineering permits issued within established timeframe	✓		

Emergency Management

Performance Measures Summary Table	Certified	Certified With Qualifications	Not Certified
1. Percent of items evaluated in Palo Verde Nuclear Generating Station exercise that meet or exceed Federal Emergency Mgmt (FEMA) standards	✓		
2. Percent of Citizen Corps programs in Maricopa County that are formed under a parent Citizen Corps council or under the Arizona Central Region Citizen Corps Council	✓		
3. Percent of emergency notifications made within 15 minutes of receipt	✓		
4. Percent of required emergency notifications completed	✓		

Public Health

Performance Measures Summary Table	Certified	Certified With Qualifications	Not Certified
1. Percent of plan developed for community-based surveillance system			✓
2. Percent of MCDPH employees to be trained to respond to a public health disaster or emergency within Maricopa County who attended formal training		✓	
3. Percent of students participating in the P.L.A.Y. activity who receive the President's Physical Activity Award		✓	
4. Car seats inspected and distributed	✓		
5. Percent of adult clients quitting tobacco use			✓
6. Percent of coalition members who report that there is progress towards implementation of plan goals	✓		
7. Community members reached with prevention and intervention services		✓	
8. Percent of all Title I funded clients who access primary medical care	Measure transferred to Health Care Mandates Department		
9. Percent of TB suspects/cases who receive intervention		✓	

Parks and Recreation

Performance Measures Summary Table	Certified	Certified With Qualifications	Not Certified
1. Satisfaction rate of all park users	✓		
2. Percent of park user satisfaction with current facilities	✓		

Detailed Agency Results

Sheriff's Office

Summary

We examined six of the Sheriff's Office key results performance measures and concluded that the data collection procedures are reliable and key results are accurately reported for three of the six measures. We could not certify three measures due to the lack of supporting data.

Key Measure #1: Percent of recruits successfully completing the sworn basic training academy							
Results: Certified							
Measure #1	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	74%	81.8%	Annual Measure				
Actual	72.2%	81.82%					
The measure is accurate and adequate written procedures are in place for collecting and reporting data.							

Key Measure #2: Percent of detention recruits who graduate from the detention training							
Results: Certified							
Measure #2	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	74%	71.4%	Annual Measure				
Actual	73.58%	72.96%					
The measure is accurate and adequate written procedures are in place for collecting and reporting data.							

Key Measure #3: Percent of applicants hired							
Results: Not Certified							
Measure #3	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	10.5%	9%	Annual Measure				
Actual	--	11.9%					
FY05 data was not sampled. FY06 exceeds the margin of error and is therefore rated as “Not Certified”. This measure was deleted from the MCSO strategic plan in FY07.							

Key Measure #4: Percent of staffing costs in food service and laundry saved by using inmate labor							
Results: Not Certified							
Measure #4	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	--	--	Data Unavailable				
Actual	--	--					
Nothing reported. Agency says the data are not available and the measure was deleted from the MCSO strategic plan in FY07.							

Key Measure #5: Percent of investigation cases cleared							
Results: Not Certified							
Measure #5	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	54%	57%					
Actual	--	--					
The Sheriff's Office could not provide summary or detailed supporting documentation; therefore, the measure could not be certified. The Sheriff's Office has made this notation when reporting this measure: "These numbers reflect only data from RMS (records management system) as it currently exists. Administrative support staffing shortfalls prevent having complete RMS data entered in the Criminal Investigations Bureau; therefore, the data for the CIB is not considered completely accurate."							

Key Measure #6: Percent of enforcement activities that are enhanced through the use of volunteer services							
Results: Certified							
Measure #6	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	100%	100%	Annual Measure				
Actual	100%	100%					
The measure is certified as being accurate and reliable; however, it was discontinued in FY07.							

Recommendations

The "Percent of investigations cleared" measure could not be certified because The Sheriff's Office could not provide the supporting data. It would be advantageous for the Sheriff's Office to be able to say that this particular measure is "Certified." It would also be beneficial to benchmark this measure with other jurisdictions to obtain an indication of the department's success among peers. We recommend that controls be established to enhance the accuracy of this data and that supporting documentation be maintained.

Environmental Services

Summary

We reviewed six key measures of the Environmental Services Department. We rated two as “Certified” and four as “Certified with Qualifications.”

Key Measure #1: Percent of required applications processed							
Results: Certified with Qualifications							
Measure #1	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	100%	98.9%	Data	Not	Available		
Actual	100%	98.9%					
The measure is accurate and written procedures are in place for the collection and reporting of data. The database from which these statistics are drawn is in a state of transition from servicing both the Air Quality Department and Environmental Services. This transition has strained the ability of Environmental Services to re-produce data per our request. This is the reason for the “Certified with Qualification” rating.							

Key Measure #2: Percent of finalized enforcement actions completed within 7 days							
Results: Certified with Qualifications							
Measure #2	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	--	67%	57%				
Actual	--	67%	57%				
(Please see explanation under Key Measure #1)							

Key Measure #3: Average score of food inspections							
Results: Certified with Qualifications							
Measure #3	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	9.8	10.7	Data	Not	Available		
Actual	9.8	10.7					
(Please see explanation under Key Measure #1)							

Key Measure #4: Percent of food establishments inspected with critical violations

Results: Certified with Qualifications

Measure #4	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	58.7%	61.9%	Data	Not	Available		
Actual	58.7%	61.9%					

(Please see explanation under Key Measure #1)

Key Measure #5: Percent change of vector borne incidences from previous year

Results: Certified

Measure #5	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	-10.2%	-57.7%	25%				
Actual	-10.2%	-57.7%	25%				

The measure is accurate. Adequate procedures are in place for collecting and reporting measurement data.

Key Measure #6: Percent of engineering permits issued within established timeframe

Results: Certified

Measure #6	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	78.1%	74.8%	71.75%				
Actual	Not Reviewed	74.8%	71.75%				

The measure is accurate. Adequate procedures are in place for collecting and reporting measurement data.

Recommendation

The Environmental Services Department should develop a plan with IT for requesting and producing reliable data used in calculations of performance results.

Emergency Management

Summary

We reviewed four Emergency Management Department measures and rated all four as “Certified.”

Key Measure #1: Percent of items evaluated in Palo Verde Nuclear Generating Station exercise that meet or exceed Federal Emergency Mgmt (FEMA) standards.							
Results: Certified							
Measure #1	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	100%	--	Exercises held every two years. Scheduled for January and March 2007				
Actual	100%	--					
The measure is accurate and written procedures are in place for the collection and reporting of data.							

Key Measure #2: Percent of Citizen Corps programs in Maricopa County that are formed under a parent Citizen Corps council or under the Arizona Central Region Citizen Corps Council							
Results: Certified							
Measure #2	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	--	100%	100%				
Actual	--	100%	100%				
Although the measure is accurate and written procedures are in place for the collection and reporting of data, these programs can only be formed under a parent Citizen Corps council or the Arizona Central Region Council. Emergency Management should review the usefulness of this measure.							

Key Measure #3: Percent of emergency notifications made within 15 minutes of receipt							
Results: Certified							
Measure #3	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	--	90.65%	100%				
Actual	--	90.65%	100%				
The measure is accurate and written procedures are in place for the collection and reporting of data.							

Key Measure #4: Percent of required emergency notifications completed							
Results: Certified							
Measure #4	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	100%	100%	100%				
Actual	Not Reviewed	100%	100%				
The measure is accurate and written procedures are in place for the collection and reporting of data.							

Recommendation

None.

Public Health

Summary

We examined eight Public Health Department key performance measures and rated:

- Two measures as “Certified”
- Four measures as “Certified with Qualifications”
- Two measures as “Not Certified”

Another measure (and its relevant program) was transferred to Health Care Mandates and therefore was not examined as part of this review.

Key Measure #1: Percent of plan developed for community-based surveillance system							
Results: Not Certified							
Measure #1	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	95%	95%	95%	1%			
Actual	--	--	--	--			
The reported percentage is an <u>estimate</u> and is loosely based upon the calculation method. This measure is being deleted in FY08.							

Key Measure #2: Percent of Department of Public Health employees to be trained to respond to a public health disaster or emergency within Maricopa County who attended formal training							
Results: Certified with Qualifications							
Measure #2	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	100%	90%	Annual Measure				
Actual	--	90%					
The measure is accurate and written procedures are in place for the collection and reporting of data. As of 7/1/06 the measure changed from the Bio-Defense/Preparedness Program employees only to all Public Health employees. This should be noted in the "Comments" section of the strategic results reporting form on the intranet/internet.							

Key Measure #3: Percent of students participating in the P.L.A.Y. activity who receive the President's Physical Activity Award							
Results: Certified with Qualifications							
Measure #3	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	17%	21%	0%	23%			
Actual	--	21%	--	--			
The measure is accurate and written procedures are in place for the collection and reporting of data. Source documents are not kept by Public Health. The participating schools keep them because they want to complete the entire 6 weeks (our program is four weeks). There are too many forms to copy (approximately 4,000).							

Key Measure #4: Car seats inspected and distributed**Results: Certified**

Measure #4	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	2039	2099	406	583			
Actual	--	--	406	583			

The measure is accurate and controls are in place for reliability. However, this is an Output measure, not a Result measure.

Key Measure #5: Percent of adult clients quitting tobacco use**Results: Not Certified**

Measure #5	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	--	--					
Actual	--	--					

Unable to certify. All data reported to State Department of Health Services (DHS). DHS was to report back to the County with results of the data. They have never reported results back to the County. This measure has been re-engineered for FY08 and this data problem has been resolved.

Key Measure #6: Percent of coalition members who report that there is progress towards implementation of plan goals.**Results: Certified**

Measure #6	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	97%	91%	Annual Measure				
Actual	--	91%					

The measure is accurate and adequate written procedures are in place for collecting and reporting data.

Key Measure #7: Community members reached with prevention and intervention services							
Results: Certified with Qualifications							
Measure #7	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	203	243	73	70			
Actual	--	--	73	70			
This measure is accurate and there are written procedures for the collection and reporting of data. However, this is an Output measure and not a Result. Data for the first quarter of FY06 is missing so it could not be certified as accurate. The new Manager (FY07) of this activity has corrected this problem.							

Key Measure #8: Percent of all Title I funded clients who access primary medical care							
Results: N/A							
Measure #8	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	93%	Nothing Reported	Annual Measure				
Actual	--	--					
This measure has been transferred along with the program to the Health Care Mandates Department.							

Key Measure #9: Percent of TB suspects/cases who receive intervention							
Results: Certified with Qualifications							
Measure #9	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	100%	100%	100%	100%			
Actual	--	--	100%	--			
Data reported each quarter need to be preserved and stored before updating file.							

Recommendations

Although DPH is in the midst of redesigning its strategic plan and related family of measures, we decided to look at the measures currently utilized in FY07. We think these recommendations will be useful in building DPH's new plan.

- A. DPH should pay particular attention to the definition of the measure types in the MFR Resource Guide. There is a tendency to erroneously categorize "output" measures as "result" measures.
- B. Source documentation should be preserved according to Record Retention guidelines. A "snapshot" of data used as a basis for reporting results for a particular timeframe should be maintained before it is manipulated or adjusted.
- C. Any changes to a calculation method should at least be explained in the "Comments" section of the reporting database. If necessary the measure should be re-defined. "Estimation" is not an acceptable method of calculating a result measurement.
- D. Where it is not possible to maintain original source documents, such as in the case of the students enrolled in the President's Physical Activity Program, attestation should be done by an appropriate Department of Public Health individual (i.e., Public Health Educator) certifying the accuracy and veracity of the reported information.
- E. Where possible, controls should be established to ensure the accuracy and reliability of data received from third party providers. This may involve developing controls with the provider of the information. Although the "% of adult clients quitting tobacco use" measure is being re-engineered there may be other measures that rely on third-party sources of information.

Parks and Recreation

Summary

We reviewed two key measures and rated both as "Certified".

Key Measure #1: Satisfaction rate of all park users							
Results: Certified							
Measure #1	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	--	--	Awaiting results of visitor survey due this fall				
Actual	--	--					--
The most recent source data used to report is from an ASU survey conducted in 2003. Currently, Parks and Recreation plans to conduct this survey every two years. The next survey results should be released any time now.							

Key Measure #2: Percent of park user satisfaction with current facilities

Results: Certified

Measure #2	FY 05	FY 06	1	2	3	4	FY07 TOTAL
Reported	--	--	Awaiting results of visitor survey due this fall				
Actual	--	--					
(Please see explanation under Key Measure #1)							

Recommendation

None

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Agency Responses

Maricopa County Sheriff's Office Audit Response

Recommendation : Controls are in the process of being established beginning with the development of a survey similar to one used by Internal Audit for measures certification. Additional items will be included to assist in raising awareness among the data collectors, reporters, and any person accountable for the data.

The anticipated results will reveal where weaknesses exist in the data collection and reporting process; raise awareness concerning the importance of accurate reporting, credibility, consistency, and to help increase understanding regarding data gathering and reporting basics. The testing phase is in progress.

It should be noted that the Sheriff's Office has consistently reported a qualifying statement with its data relating to the Investigations measures to the effect that data is not entered into the Records Management System (RMS) across the bureau the same way; thus it may not be entirely accurate.


Benchmarking is a possibility in the future, once there is a defined methodology for collection and reporting in place that is used consistently and where the data sources are at least 98% or more reliable.

Response: Concur.

Target Completion Date: Results to be issued with third quarter data solicitation.

Benefits/Costs: Once controls are established MCSO will see a benefit enhancing the accuracy of data. When the results are defined MCSO will be more able to accurately generate information regarding any costs.

Approved By :


Department Head/Elected Official

4/25/07
Date

**AUDIT RESPONSE
ENVIRONMENTAL SERVICES**

Recommendation: ESD management should develop a plan with IT for requesting and producing data used in calculations of performance results from a dependable source.

Response: Concur. ESD met with the RDSA IT Director and requested immediate assistance with maximizing the use of the current data management system to capture all data used in the calculation of performance result data. ESD is also ensuring that performance data and calculations are captured in the new Accela Automation data management system that the department will migrate to over the next 24 months.

Target Completion Date: 6/30/09

Benefits/Costs: Improve the timeliness accuracy and usefulness of performance measure data and results.

Approved By:



Department Head/Elected Official

9/14/07
Date



Chief Officer

9.17.07
Date



County Administrative Officer

9/18/07
Date

**AUDIT RESPONSE
DEPARTMENT OF PUBLIC HEALTH**

Recommendation A: DPH should pay particular attention to the definition of the measure types in the MFR Resource Guide. There is a tendency to erroneously categorize “output” measures as “result” measures.

Response: Concur. This problem has been corrected in the FY08 strategic plan.

Target Completion Date: Completed.

Benefits/Costs: DPH stakeholders, including the public, will have a greater awareness of the services provided by the Department and the benefit (results) to/for the customer. DPH staff will be provided with information necessary to focus efforts on activities that provide demonstrated results to customers.

Recommendation B: Source documentation should be preserved according to Record Retention guidelines. A “snapshot” of data used as a basis for reporting results for a particular timeframe should be maintained before it is manipulated or adjusted.

Response: Concur. The DPH Strategic Coordinator is currently compiling Data Collection and Reporting manuals from each activity in order to ensure that data collection and reporting is documented; that the methodology remains consistent unless changed by grant requirements, by County directive, or by law; and that new staff members have the information they need to collect and report data according to the established methodology and without interruption. (Internal Audit has been provided with a sample manual.) In addition, DPH is currently drafting a Records Management and Retention policy to provide all employees with guidance on records retention, with a particular emphasis on electronic records.

Target Completion Date: 09/30/07

Benefits/Costs: Staff will be able to collect and report data in a consistent manner, leading to more reliable data for customers and other stakeholders. DPH management will be better able to interpret performance data for decision making. New managers will have an understanding of how and why data has been collected and reported in the past, thereby avoiding changes in methodology with each staff turnover. Employees will be able to comply with County policies and State laws related to records retention, thereby properly preserving records for public inspection as appropriate.

Recommendation C: Any changes to a calculation method should at least be explained in the “Comments” section of the reporting data base. If necessary the measure should be re-defined. “Estimation” is not an acceptable method of calculating a result measurement.

Response: Concur. It is expected that the data collection and reporting manuals will improve communication related to necessary changes in methodology between activity leaders and the Strategic Coordinator. Documentation of such changes will be maintained by the Strategic Coordinator effective immediately. Estimation is no longer used for calculating result measurements effective with the FY08 strategic plan.

Target Completion Date: 09/30/07 for data collection and reporting manuals; immediately for all else.

Benefits/Costs: Improved process; more reliable data for customers and other stakeholders.

Recommendation D: Where it is not possible to maintain original source documents, such as in the case of the students enrolled in the President’s Physical Activity Program, attestation should be done by an appropriate Department of Public Health individual (i.e., Public Health Educator) certifying the accuracy and veracity of the reported information.

Response: Concur.

Target Completion Date: Will implement with FY08 Q1 reporting (~October-November, 2007).

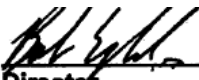
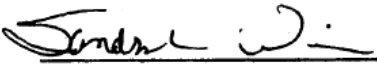

Benefits/Costs: More reliable data for customers and other stakeholders.

Recommendation E: Where possible, controls should be established to ensure the accuracy and reliability of data received from third party providers. This may involve developing controls with the provider of the information. Although the “% of adult clients quitting tobacco use” measure is being re-engineered there may be other measures that rely on third-party sources of information.

Response: Concur. Effective with the FY08 strategic plan, DPH will only use third-party data for results measures when such data best describe the benefit to the customer of a particular activity, and similar internal data are not available. Data collection and reporting manuals will document the controls established between the activity and the third party.

Target Completion Date: 09/30/07

Benefits/Costs: More reliable data for customers and other stakeholders.

Approved By:	 _____ Director	<u>8-29-07</u> Date
	 _____ Deputy County Manager	<u>9-4-07</u> Date
	 _____ County Manager	<u>9/5/07</u> Date